

SEP 25 1940 791

1003

State File No.

Registrar's No.

7016

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
 (b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Month
(Specify whether)
 In this community Life
years, months or days

8. (a) PRINT FULL NAME Evelyn Brickey 620

8. (b) If veteran, name war ----- 8. (c) Social Security No. -----

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October 30th 1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 09 Days 16 If less than one day ----- hr. ----- min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business -----

MOTHER FATHER { 12. Name Eberett Brickey
 13. Birthplace Steeleville Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Alma Vickers
 15. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wernell Nicholas
 (b) Address 4412 Garfield

17. (a) Burial (b) Date thereof 8/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. Waters
 (b) Address 4107 Binney Ave.

19. (a) AUG 19 1940 (b) J. H. ...
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -----
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4412 Garfield
(If rural, give location)
 (e) If foreign born, how long in U. S. A? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th
 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;

that I last saw him ----- alive on -----, 19-----;

and that death occurred on the date and hour stated above.

Immediate cause of death Order of Burial
Due to pneumonia following
operation for removal of
prostate gland. Non malignant
Hoep.

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: 139a
 Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----
 (b) Date of occurrence -----
 (c) Where did injury occur? ----- (City or town) ----- (County) ----- (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature W. H. ... (M. D. or other) -----
 Address 1500 Clark Ave. Date signed 8/19/40

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

A. J. Most Jr. Registered Apprentice No. *2657*

working under my personal supervision.

Signed.....

James A. Johnson
Licensed Embalmer No. *3522*

P. O. Address.....

4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.